

January 25, 2008

Montana Medicaid Notice

Physicians, Mid-Level Practitioners and Pharmacies

Sedative Hypnotic Coverage Changes (Ambien CR[®], zolpidem, Rozerem[®], Lunesta[®], Sonata[®])

Prior Authorization Criteria

Effective February 1, 2008, Montana Medicaid will allow zolpidem (generic Ambien[®]) to pay without prior authorization with a quantity limit of one per day up to a 34-day supply.

A trial and failure on zolpidem will be required before a prior authorization will be considered for Ambien CR[®], Lunesta[®], or Sonata[®].

Rozerem[®] will continue to require prior authorization, but may be approved without a zolpidem trial if there is clinical justification why zolpidem is inappropriate (e.g., age, drug interactions, substance abuse issues).

Maximum quantity limits of one per day will apply to all sedative hypnotics.

The prescriber or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)

To request prior authorization, providers must submit the information requested on the attached Request for Drug Prior Authorization Form to the Drug Prior Authorization Unit.

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

MOUNTAIN-PACIFIC QUALITY HEALTH FOUNDATION

Request for Drug Prior Authorization

Submitter: ☐ Physician ☐ Pharmacy

Please Type or Print

PATIENT NAME (Last) (First) (Initial)			PATIENT MEDICAID I.D. NUMBER		DATE	OF	BIRTH	
					MONTH	DAY	YEAR	
PHYSICIAN NPI		PHYSICIAN PHONE #	DATES COVERED BY THIS REQUEST					
			FROM TO					
PHYSICIAN NAME			MONTH	DAY	YEAR	MONTH	DAY	YEAR
PHYSICIAN STREET ADDRESS			MAIL, FAX OR PHONE COMPLETED FORM TO: DRUG PRIOR AUTHORIZATION UNIT MOUNTAIN-PACIFIC QUALITY HEALTH 3404 COONEY DRIVE HELENA, MT 59602 (406) 443-6002 or 1-800-395-7961 (PHONE) (406) 443-7014 or 1-800-294-1350 (FAX)					
PHYSICIAN CITY STATE ZIP								
PHARMACY NPI		PHARMACY PHONE #						
PHARMACY NAME								
PHARMACY STREET ADDRESS								
PHARMACY CITY STATE ZIP								
DRUG TO BE AUTHORIZED								
DRUG NAME			STRENGTH		DIRECTIONS			
DIAGNOSIS OR CONDITION TREATED BY THIS DRUG								

LEAVE BLANK - PA UNIT USE ONLY					
REASON FOR DENIAL OF DRUG PRIOR AUTHORIZATION					
IMPORTANT NOTE: In evaluating requests for prior authorization, the consultant will consider the drug from the standpoint of published criteria only. If the approval of the request is granted, this does not indicate that the recipient continues to be eligible for Medicaid. It is the responsibility of the provider of service to establish by inspection of the recipient's Medicaid eligibility card and if necessary, by contact with Consultec to determine if the recipient continues to be eligible for Medicaid.					
CURRENT RECIPIENT ELIGIBILITY MAY BE VERIFIED BY CALLING CONSULTEC AT 1-800-624-3958 or 406-442-1837.					
APPROVAL OR DENIAL STATUS	DENIAL CODE	THERAPEUTIC CLASS	AUTH ID	DATE OF REQUEST	PRIOR AUTHORIZATION NUMBER